PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

09/288475

CLAIMS AS FILED - PART I									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA						1,			OR 7					
			PLOVE SEA		CALL!	e e e e e e e e e e e e e e e e e e e	7		RATE	FEE	┨	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TC	OTAL CLAIMS		19	minus	20=	*			X\$ 9=		OR	X\$18=	ļ	
INDEPENDENT CLAIMS minus 3 = * 2							X39=		OR	X78=	156			
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								′ •	TOTAL		OR	TOTAL	916	
CLAIMS AS AMENDED - PART II												OTHER	THAN	
(Column 1) (Column 2) (Column 3)									SMALL ENTITY OR SMALL ENT				ENTITY	
AMENDMENT A		REM AF	AIMS AINING TER NDMENT		PRI	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	* /	1	Minus	** 6	20_	=		X\$ 9=		OR	X\$18=	í	
AME	Independent	* 1	2	Minus	***	3	=2	ſ	X39=		OR.	2X78=	156.00	
	FIRST PRESE	NIAHC)N OF MI	JLIIPLE DEF	'ENDI	ENT CLAIM		Ī	+130=		OR	+260=		
								-	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Colu	umn 1)		(Cc	olumn 2)	(Column 3)	~	DUII. I LL			70011.1 LL		
ENT B		CL REMA	AIMS AINING TER IDMENT	-	H N PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	21	Minus	**	20	=		X\$ 9=		OR	X\$18=	18	
AME	Ind pendent	*	NOE MI	Minus	***	5 ENT CLAIM			X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY								ſ	+130=		OR	+260=		
	BES	A	VAIL	ARLF (JU	PY		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	18	
		_(Colu	umn 1)		(Cc	olumn 2)	(Column 3)	•	DOI1		•	~DD		
AMENDMENT C		REM/ AF	AIMS AINING TER IDMENT		H N PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE.	addi- Tional Fee		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	###		=		X39=		OR	X78=		
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	'ENDE	ENT CLAIM		┢			On			
* 1	f the antry in colur	mn 1 ie le	ace than th	ne entry in colu	mn 2 i	write "O" in eal	umo 2		+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/288475

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

			04,04,4	LIOI	•			
	Fee Code	Totsl . # Claims	Number Extra	Х	Fee	Fee	=	Total
	Sm/Lg.				Sm. Entity	Lg. Entity		Total
Basic Filing Fee	201/101					760	· =	760
Total Claims >20	203/103	-20 =		x			==	1,50
Independent Claims >3	202/102		2	x		78	=	156
Mult. Dep Claim Present	204/104						_	
Surcharge	205/105	•					=	130
English Translation	139							12
TOTAL FEE CALCULA	ATION .							1046
Fees due upon filing t	he application:				•			
Total Filing Fees Due	= \$	1041	6.00	_		• • • • • • • • • • • • • • • • • • •		
Less Filing Fees Subm	uitted - \$		5		!			
BALANCE DUE	= \$	1046	,00					
Office of Initial Patent	Examination		<u>-</u>					